



State of Hawaii
COMMISSION ON WATER RESOURCE MANAGEMENT
Department of Land and Natural Resources
NOTIFICATION OF NEW WELL OWNERSHIP

Instructions: Please fill in form completely and e-mail a PDF to dlnr.cwrn@hawaii.gov. The Commission may not accept incomplete forms. For assistance, call the Regulation Branch at 587-0225. For further information and updates to this application form, visit <http://www.hawaii.gov/dlnr/cwrn>.

WELL INFORMATION

1. STATE WELL NO.: _____ EFFECTIVE DATE OF TRANSFER: _____
2. T.M.K. OF WELL _____

PREVIOUS WELL / LAND OWNER / WATER USE REPORTER:

3. (a) WELL OWNER	(b) LAND OWNER	(c) WATER USE REPORTER
Firm/Name _____	Firm/Name _____	Firm/Name _____
Contact Person _____	Contact Person _____	Contact Person _____
Address 1 _____	Address 1 _____	Address 1 _____
Address 2 _____	Address 2 _____	Address 2 _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____
E-mail _____	E-mail _____	E-mail _____

NEW WELL / LAND OWNER / WATER USE REPORTER:

4. (a) WELL OWNER	(b) LAND OWNER	(c) WATER USE REPORTER
Firm/Name _____	Firm/Name _____	Firm/Name _____
Contact Person _____	Contact Person _____	Contact Person _____
Address 1 _____	Address 1 _____	Address 1 _____
Address 2 _____	Address 2 _____	Address 2 _____
Phone _____	Phone _____	Phone _____
Fax _____	Fax _____	Fax _____
E-mail _____	E-mail _____	E-mail _____

Signing below indicates that the signatories swear that: the above information is accurate and true. I also understand that a new certificate will be issued to document this ownership transfer to the new land owner (4.(b)) and the old certificates issued to the previous land owner (3.(b)) will be void and superseded.

3.(b) Signature _____ 4.(b) Signature _____
Date _____ Date _____